

Behavioral Health Division **2015**

Home Visit and Service Observation Signature Form

Participant Name: _____

Form Instructions

This form shall be completed and signed for each home visit and service observation visit.
Please keep it as part of the monthly case management documentation.

Home Visit Start Time	
Home Visit End Time	

Case Manager Name: _____

Case Manager Signature: _____ Date: _____

Participant/Parent/Guardian/ Printed Name: _____

Participant/Parent/Guardian Signature: _____ Date: _____

When either the participant/parent/guardian are not able to sign, the provider/provider staff shall sign off on the home visit.

Provider/Provider Staff Printed Name: _____ Date: _____

Provider/Provider Staff Signature: _____ Date: _____

Waiver Service Observation Start Time		Service Observed	
Waiver Service Observation End Time			

Case Manager Name: _____

Case Manager Signature: _____ Date: _____

Provider/Provider Staff Name: _____ Date: _____

Provider/Provider Staff Signature: _____ Date: _____